

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, OCTOBER 28, 1869.

[VOL. IV.—Nos. 15-16.]

Original Communications.

THREE CASES OF INFLAMMATION OF THE
CÆCUM AND CURE OF ARTIFICIAL ANUS.

By WM. A. GILLESPIE, M.D., Louisa Court House, Va.

SEVERAL years ago a young physician, Dr. White, came to my office to get some purgative medicine, stating that he was very constive. In a few days he sent a message to me to visit him. He complained of pain and soreness in the right *iliac* region, which upon examination I found to be tender, with a distinct boggy tumor, some three inches in diameter, dull on percussion. His bowels were constive and he had some fever. I diagnosed inflammation of the *cæcum* (a very rare disease). General antiphlogistic treatment, purgatives, calomel and a blister were advised; but, notwithstanding treatment, general peritonitis ensued, with complete obstruction of the bowels, and he died in two or three days. *No post mortem*. Some time afterwards I was called in consultation to a Mr. A., fifteen miles from my residence, whom I found laboring under similar symptoms of a more chronic character; a distinct boggy tumor in the right *iliac* region, tender and painful, with constipated bowels. He was attended by a young physician, who stoutly and confidently contended that it was a case of hernia! I advised leeching, fomentations, blistering, calomel and purgatives—but meanwhile an abscess formed and discharged itself externally, and after lingering some weeks he recovered perfectly, and is now a healthy man, aged 70. The third case had a similar history; a painful chronic boggy tumor in the right *iliac* region, with constipation; was attended by a young physician (of more boldness than prudence) who plunged a lancet into the tumor, and the discharge was principally *feces*, which continued to flow for some weeks. The late Professor Chas. Bell Gibson was called to the case and pronounced it a hopeless case of *artificial anus*. Afterwards I was called, and after hearing the history of the case I inquired if

Vol. IV.—Nos. 15-16

any *feces* passed the natural way, and on being answered in the affirmative I determined to close the external opening. With solid nitrate of silver I thoroughly cauterized the thickened, callous, fistulous opening of the artificial anus, then passed three needles deeply through the lips of the orifice, and closed it by wrapping silk ligatures over the needles, as in hare-lip cases. Some ten days afterwards I removed the needles, and found the fistulous opening thoroughly united, the *feces* having passed readily *per vias naturales*. He made a good, early and thorough recovery, and is alive and well now, after ten or twelve years from the time of the accident.

Such cases Dr. Symonds, in the Library of Practical Medicine, calls *peritonitis of the cæcum*. See also Copland's Medical Dictionary, Art. *Cæcum*.

CAUTERIZATION OF THE LINING MEM-
BRANE OF THE UTERUS.

By WM. A. GILLESPIE, M.D., Louisa Court House, Va.

MUCH has been said about the difficulties and different plans of cauterizing the internal surface of the *cervix uteri* and of the body of the uterus, and of the dangers of injecting any liquid caustic preparation into it. I am therefore prepared to give a simple, easy and efficient plan for cauterizing the canal of the cervix, and even the cavity of the body of the uterus. I have practised it repeatedly in a large number of cases, with the happiest results.

Take an ordinary sponge tent and coat it with beeswax, and then roll it for some time with a knife in powdered nitrate of silver, which will sink into, and adhere to, the wax. Then through a suitable speculum carry the prepared tent through the cervix, and if desirable, to the fundus, and let it remain twenty-four hours. No remedy in my hands has done more good in as short a time, in chronic inflammation, engorgement, enlargement or ulceration of the *os* and *cervix uteri*, and I have never known any unpleasant results from it.

September 1, 1869.

[WHOLE No. 2176-77.]

Selected Papers.

NORTHERS, OR NORTHWEST WINDS OF CALIFORNIA.

Read before the Sacramento Society for Medical Improvement, by H. W. HARKNESS, M.D.

In selecting the subject for this paper I have been actuated by a single motive, viz.:—an earnest wish to call the attention of the members of this Society to a more close and careful observation of the phenomena co-existing with certain air currents this side of the Sierras, and that the medical men of this city may in the future record such incidents as may come within the sphere of their observation, until such facts have accumulated to so great an extent that they may be classified and carefully analyzed, and, so to speak, crystallized into some great scientific truth, which shall prove of benefit to ourselves and the dwellers upon this coast.

I dare not hope that such observations may to any great extent change our ideas either as to the causation or treatment of disease. Yet there is manifestly a strong inclination on the part of medical men of the present day to adopt new theories pertaining to the etiology of disease. As proof of this assertion, amongst the many instances, I will cite but one, viz.:—the theory of "Organic Entities," by which Dr. Salisbury has apparently succeeded (with the support and sympathy of many, if not most of our profession) in reconstructing our Pathology upon an entirely false basis.

In the present paper I propose to call your attention to some of the facts connected with the northwesterly winds, as exhibited at intervals during the summer months.

All the members present are familiar with many disagreeable facts connected with this pernicious air current, and you are also doubtless aware of the fact that nearly all of the unpleasant consequences resulting are in some way owing to a disturbance of the atmospheric electrical currents.

I propose, in the first place, to point out the manner in which this disturbance in the electrical currents is effected, and, secondly, to indicate some of its effects upon animal and vegetable organisms.

M. Quetelet, in his account of his electrical observations at Brussels, says that, were it not for the existence of other bodies in celestial space, the terrestrial atmosphere would scarcely experience any electrical

changes. He further tells us that the sun must be regarded as the chief exciting and disturbing cause. He regards our atmosphere as divided into two layers; the upper one* as nearly immovable in all its parts, the lower one constantly traversed and stirred up by winds.

The upper layer he considers is also divided into two portions; the one, negative, equilibrates the positive electricity of the sun and of the surrounding space; and the other, positive, acts through the lower stratum of air, and equilibrates the negative electricity of the earth.

The positive electricity of the upper regions of the atmosphere is kept apart by the extreme dryness which must prevail there.

In the lower stratum absolute dryness does not exist. It is more or less moist constantly, and traversed, although with considerable difficulty, by the positive electricity which can at times unite with the opposite electricity of the earth; but these never exist in intimate connection.

The action is like that of two conductors charged with opposite electricities and placed at a distance—the opposite fluids tend to unite through the more or less moist air that is interposed, but their charges remain the same.

If the losses are constantly renewed, the positive fluid of the upper layer gives rise to all the electrical phenomena that we observe upon our globe.

Being partially retained by the dryness and relative immobility of the stratum in which it finds itself, it operates through the lower stratum, which is always agitated, and always more or less humid, and partially paralyzes the electricity indicated by our instruments on the surface of the earth.

Admitting the correctness of M. Quetelet's theory (and I have no reason for doubting it), we find that the upper stratum of the atmosphere is too remote from the earth's surface to be influenced by its diurnal motion, and too light and attenuated to contain any moisture, and, like the depths of the ocean, is in a state of constant repose. In this condition it becomes a vast reservoir for the electric fluid, which is imparted but slowly to the more humid atmosphere beneath. In the lower stratum the conditions are entirely the reverse. During the prevalence of the south winds the currents are variable and at all times contain a large amount of moisture, the particles of which serve as conductors to and

* Wood-cut omitted.

from the earth, thus preserving the equilibrium between the positive electricity of the atmosphere and negative of the earth, no single body, unless insulated, receiving more than its healthful share, producing in the animal creation a condition at once exhilarating and beneficent.

While it is true that electricity exists in every substance in nature, yet it is not evident to our senses until its equilibrium has been disturbed.

During the prevalence of our north-westerly winds we have reason to believe that there are seldom or never counter currents in the atmosphere. In making this assertion, we are sustained by the fact that at such periods during the summer months no clouds are observable, and furthermore, there is no rainfall upon the most elevated portions of the Sierras.

As this air current is perfectly dry at the earth's surface, as well as at the highest altitudes upon which we are enabled to make observations, together with the absence of clouds or rain, as before stated, we may infer that this excessive dryness extends to the upper stratum. At such periods there must exist a homogeneity in the electrical conditions of the atmosphere in all that space extending from the earth's surface to, and including a large portion of, the upper air stratum.

In this condition we have the earth beneath our feet charged with negative fluid, whilst we are bathed in a sea of positive fluid, extending nearly to the outer verge of the atmosphere.

Now, when we take into consideration the fact that this atmosphere, during the summer months, at such periods, is almost absolutely destitute of moisture, and therefore the interchange of electrical currents is feebly maintained, it is easy to perceive that disagreeable results must follow, especially should the wind continue from the same quarter for eight or ten days, as has sometimes occurred.

The wind generally, during the daytime, moves with considerable velocity, sometimes almost amounting to a gale, carrying with it, no doubt, the electric fluid.

All objects, both animate and inanimate, are affected by this condition in the following manner:—

As each particle of air impinges against the body, it imparts a portion of its positive electric fluid. Such bodies, in the absence of moisture, become the only ready means of communication between the earth and the atmospheric currents (lightning conductors, so to speak) for the time being.

For proof that this theory is correct, we need but to place an object, properly insulated, in a position to receive the full force of such winds. We soon find it charged with electric fluid. As an example, a cook in the neighborhood of this city, on putting his hand on the stove, was nearly knocked senseless by an electric shock, and refused to touch the stove for the remainder of the day. In this instance the stove rested upon vitrified bricks, and the north wind had charged it over night.

In the animal not insulated there must be a constant change of electric condition—now positive, then negative—as the earth or atmospheric current predominates; never, however, in a state of exact equilibrium, the nervous system being affected to some extent in the same manner as when one receives a shock from an electro-magnetic battery.

The visible signs of this disturbance are marked and peculiar. Healthy and strong individuals feel an inconvenience, an agitation, a heaviness difficult to express; the muscular system is more sluggish; individuals afflicted with rheumatism feel their pains renewed; neuralgias increase in intensity, or their paroxysms re-appear; men are cross-grained and quarrelsome, fights are of frequent occurrence, and our landladies are seldom found in their usually amiable mood. In general our patients afflicted with chronic or acute affections feel an aggravation of the principal symptoms; they are more fatigued, more agitated, and their febrile state is increased, while, without being able to give any good reason for it, they are often gloomy and despondent. Even domestic animals seem to suffer from the same pestilential influence; our horses are irritable and restless, running away if there is the least opportunity.

In a pathological point of view, the chief disturbances occur in the cutaneous surface, and in those organs in direct sympathy with it. The skin is dry and rough to the touch, yet the cutaneous transpiration is equal to if not in excess of its normal quantity, as we find the urinary secretion contains an excess of solid ingredients, and is diminished in quantity. There is no difficulty in accounting for the dry appearance of the skin while the fluid is being so rapidly eliminated, as it is immediately absorbed by the dry atmosphere surrounding it. But how is it that, with a normal or even excessive transpiration, there is a notably diminished cutaneous circulation? We have present one of the principal conditions necessary to a determination of blood to the surface, viz.,

external heat. Then why the constant pallor of the surface? Is it not probably, nay, almost to a certainty, owing to the constant electrical irritation of the terminal nerve plexuses of the skin? One of the immediate results of this condition of the skin is observed in the imperfect arterialization of the blood, as proved by a torpidity of the veins, a coldness and lack of sensation in the extremities, and a somewhat hurried and labored respiration. The functions of the brain are also disturbed by the same morbid influence, resulting in slight headaches and drowsiness, with marked disinclination for either mental or physical exertion.

Owing to this condition of the blood, as might be readily inferred, the portal circulation is deranged to a very considerable extent, resulting in hepatic engorgement, with its attendant evils; and, indeed, all the organs of the body suffer either directly or sympathetically from the effects of this, the most noxious of all air currents to be encountered upon this portion of the American continent.

It was my intention, when commencing this paper, to point out some of the phenomena observable in plants, to prove that not only the animal, but also the vegetable kingdom, suffers from the same influences, and to introduce some facts in relation to the growth and development of plants, which, in my estimation, would go far to prove the correctness of the assertion. But I have already exceeded the proper limits of this paper, and shall postpone the subject until some future period.—*Pacific Med. and Surg. Journal.*

Reports of Medical Societies.

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.

The semi-annual meeting was held at Cambridge, October 13th, Prof. Jeffries Wyman in the chair.

Proofs of the revised by-laws, with a list of past and present members, were presented.

Dr. Robinson, in behalf of the committee chosen to confer with the County Commissioners with reference to settlement of the question of fees for autopsies made at the instance of a coroner, reported that the commissioners desire to have some definite concerted action among the several societies in the county, before taking decided steps in the matter. After some discussion, the Secretary was authorized to communi-

cate with the other societies, and request coöperation.

Prof. Wyman showed a number of specimens of Indian bones from Florida and Kentucky, bearing more or less evidence of inflammatory action, closely simulating, in some, the results of syphilitic periostitis. If it were this, it would settle the question of the cis-atlantic origin of syphilis.

Prof. Wyman also showed a method of demonstrating ciliary motion. In the human body, vibratory cilia are confined to mucous surfaces, and their importance is most evident in the respiratory passages. Acting from within outward, they transfer the accumulating mucus from the smaller tubes of the lungs to the glottis. Their action in removing dust has been demonstrated by sprinkling charcoal dust upon mucous surfaces. The cilia are probably useful, too, in keeping up an outward current of air, thus changing the air in the tubes and air-cells. This is also suggested by Dalton.

Dr. Wyman removed a piece of the gill from a common fresh-water mussel, and spread it upon a smooth board, previously moistened. Upon the surface of the gill was placed a piece of card, bearing a perpendicular bristle, surmounted by a pellet of cotton, to make it more conspicuous. A stationary index marked the original position of the card, which in a few minutes traversed half the length of the gill. If the gill be placed upon glass, the apparent motion of the card is less rapid, owing to the motion of the gill in the contrary direction, which shows that the cilia act upon both surfaces.

A case of incontinence of urine after childbirth was reported, and one of irritable bladder, which elicited some discussion.

Dr. Holmes introduced the subject of laceration of perineum, considering it an infrequent occurrence, with proper care. This called out the experience of several members. The evidence went to show that it is a very frequent accident, and one of very slight importance unless extending through the sphincter ani.

Dr. Driver, of Cambridge, mentioned a rupture of a fold of the labia minora, or the internal fourchette, which is not infrequent, and often overlooked. He thought that the slight bi-lateral incision of the perineum sometimes practised might be of use in cases which threaten rupture of the perineum.

Dr. Clarke, of Cambridgeport, mentioned a case in which severe peritonitis followed rupture into the rectum.

Bibliographical Notices.

Circular No. 1. A Report on Epidemic Cholera and Yellow Fever in the Army of the United States during the Year 1867. War Department. Surgeon-General's Office, Washington, June 10, 1868. Government Printing Office. 4to. Pp. 156.

A REPORT, like the above, upon the occurrence of a disease which, as in the case of cholera—which we propose first to consider—is quite as civil as military in its invasions, is, however accurate, at best partial. It does not, from its own point of view, warrant the drawing of any positive inferences upon obscure questions like those which come under the head of causation, whatever the advantage to observation of occasional complete isolation of bodies of men and exclusive methods of communication between them. Without care, these very circumstances may lead to false conclusions. In case, for instance, the disease were propagated by atmospheric agency, exclusive aggregations of men and lines of travel and communication would afford a very meagre photograph of a cause which might be as wide as the whole country and at the same time very irregular in its distribution. The progress of such a cause would require for its representation a plate everywhere sensitized by a human element, otherwise there would result a picture of the mere distribution of men in the color of a disease.

This *caveat* is entered in consequence of what seems here and there in the Report to be a too ready assumption of an easy theory to account for the appearance of the epidemic at various posts. Certain it is that while the portability of the disease by human agency seems best to explain certain cases, in others such kind of evidence is entirely wanting; in a third intermediate class it is of such a slight character—as, for example, the conveyal of a single dead body in the vicinity of a camp—as to imply a power of infection which is not substantiated by other experience with the disease—as, for further example, the frequent immunity of attendants.

"In view of the possible prevalence of cholera during the approaching summer," the Surgeon-General issued to the medical officers of the army a circular (No. 3), dated April 20th, 1867, enjoining, in case of the appearance of the disease, the enforcement of quarantine and the employment of the strictest hygienic measures, and requiring

accurate reports of cases, with successful methods of treatment and results of autopsies.

The cholera came, and numerous reports from various quarters of the United States, principally the South-west and West, were sent from time to time—from June to December—to the Surgeon-General's office. These communications (Appendix I., Cholera: B—Extracts from Official Reports) form the major portion of the Report on Epidemic Cholera. They are preceded by a synoptical account drawn from them, in accordance with instructions from the Surgeon-General, by J. J. Woodward, Brevet Lieutenant-Colonel and Assistant Surgeon U.S.A. There are, besides, complete statistical tables, prepared with considerable care, of the disease at various posts, concluding with a table of the sums total. Dr. Woodward says:—

"It is well known that cholera prevailed extensively in the army during 1866, causing over 1,200 deaths among officers and men. Circular No. 5, of 1867, giving a detailed account of the epidemic of 1866, was sent to each medical officer, in anticipation of the possible return of the disease in 1867. It will be seen, by consulting that document, that cholera spread over the whole country during 1866, extending as far westward as Forts Leavenworth, Riley and Gibson; and in the southwest as far as Texas. In its progress, the disease followed the lines of travel rather than any general westward course, and, in the case of the army, it especially followed the movements of bodies of recruits, which were the most important movements from infected points during the year. The compiler of Circular No. 5 drew hence an argument in favor of quarantine, and the Surgeon-General, in Circular No. 3, instructed medical officers to endeavor, as far as possible, to protect any threatened command by a proper quarantine. The measures thus adopted, in conjunction with the hygienic precautions in the same circular, undoubtedly saved many lives in the army, for the total number of deaths from cholera during 1867 was but 230, and it cannot be claimed that the disease in itself was less virulent during 1867, for the proportion of deaths to the total number of cases was 1 death to 2·19 cases, while during 1866 it was 1 to 2·22."

"In a general way, it may here be said that the experience of the army during 1867 confirms the views in favor of quarantine formed during 1866, and especially confirms the opinion with regard to the

danger of distributing recruits or other bodies of troops from an infected point to other garrisons. An additional point, however, is also suggested by the experience of 1867, namely: the possibility of cholera reappearing on the following year at places visited by it during an epidemic, if the most stringent hygienic precautions are not adopted."

The general summary "shows that the total number of cases among the white troops during the year was 317, of whom 139 died; among the colored troops 187 cases and 91 deaths. The mortality was, therefore, 1 to every 2.28 cases for white; 1 to every 2.05 for colored troops. A comparison with the data of Circular No. 5 shows that the mortality during 1866 was, 1 to every 2.5 cases for white; 1 to every 1.9 cases for colored troops. The proportion of deaths to cases during 1867 was, therefore, rather larger for white and rather smaller for colored troops than during 1866."

Turning now to the "Official Reports," as the centripetal communications are called, we find considerable reading matter concerning the details of the epidemic. The disease was well marked, and doubtful cases have not been reported as cholera. The statistical tables include the cases of cholera morbus, acute diarrhoea, chronic diarrhoea, acute dysentery and chronic dysentery accompanying the epidemic.

There is no doubt that the most strenuous efforts were made, both in the way of hygienic precaution and persevering treatment. Under the head of the former may be enumerated—the choice, where practicable, of high and dry localities for camps; the strictest cleanliness in every possible respect; the free use of "disinfectants" (chloride of lime, sulphate of iron, &c.); caution in regard to food and drink—matters in which caution had sometimes of necessity very limited field for its exercise; the purification of the drinking water by boiling or by the use of alum or permanganate of potassa, to clear it of organic impurities; the avoidance of fatigue; encouraging the men in various ways, particularly by marching or change of camp, this being also a means of avoiding accumulated filth. In reading over these various and interesting accounts, one cannot avoid the conclusion that such means as have been described were the principal weapons with which the disease was successfully fought. Quarantine, as far as it prevented the importation into camp of premature specimens of a dreaded disease, may have had

a good moral effect upon the men for the time being; but it must have been more than cancelled by the dread of contagion which it excites—a dread which cost many a poor fellow his life. Oftentimes it was impracticable; sometimes when apparently successful its advantage would be entirely destroyed by a slight accident—in other words, the epidemic marched on.

Treatment directed to the patient was always active, and as various as unsatisfactory. That the patients would have done better if let alone, is not proved. That no one remedy was trustworthy, is certain. The principal articles and means used were: chloroform, brandy, quinia, opium, morphia, atropia, strychnia (the last three sometimes hypodermically), capsicum, tannin, acetate of lead, calomel, blue mass, rhubarb, saline injections, diuretics, changes of diet; externally, sinapisms, turpentine, frictions, abdominal compression; ice for drink in preference to water, the latter often causing vomiting, the former being frequently very well borne. These remedies were used singly and in a variety of combinations, and all have failed. Calomel has the largest number of advocates; chloroform frequently relieved the vomiting and diarrhoea. Hypodermic injections of morphia sometimes relieved the cramps; the hypodermic injection of atropia (gr. $\frac{3}{16}$ — $\frac{1}{8}$), combined with saline injections, were used in one or two cases, which got well. "Squibb's mixture," writes Joseph B. Brown, Surgeon and Brevet Brigadier General U.S.A., in treating of the disease at Depot Hospital, Fort Columbus, N. Y. Harbor, "we have found develops dysentery, though for the moral effect in a frightened subject, nothing can be better than a single dose of Squibb's mixture, which the panic stricken patient knows is taking hold of his complaint, for he can feel it." Dr. Brown advocates the use of thirty grains of dry calomel placed upon the tongue, "which is always sufficiently moist to enable the patient to swallow it without difficulty. If one dose does not stop the vomiting, it is to be repeated within a few minutes. The next dose is exhibited in thirty or forty minutes, and within the succeeding two or three hours one or two similar doses should be given. No other remedies are to be used, except frictions to the cramped limbs, or firm grasping by the nurse's hands of the contracted muscles. Mustard paste, as soon as the struggles of the patient will allow it to remain in place, is also locally applied. Under the sedative powers of the calomel the patient soon becomes quiet, complaining of nothing but

thirst. Small pieces of ice relieve this thirst as well as pints of water, and I have also invariably found that free draughts of water renew the whole train of symptoms; in fact, occasion a complete relapse of vomiting and purging, even in a convalescent. After the patient is quiet, all remedies are suspended; he is occasionally supplied with a morsel of ice, cheering words are addressed to him, and, sooner or later, in more than two thirds of the cases treated here, reaction commences and progresses, if the patient were young and vigorous before the attack, to convalescence and recovery. The most intractable sequelæ we have had to contend with have been the effects of uræmic poisoning and dysentery. Autopsies have been made here, by Assist. Surgeon W. C. Minor, of several fatal cases of dysentery following recovery from cholera, the invariable lesion appearing to be active inflammation and swelling of the solitary and agminated glands of the ilium, with great injection of the points of the solitary glands."

We quote once more from Dr. Woodward a paragraph from which each reader may form his own opinion as to the mildness of the disease or the efficiency of remedies.

"The extreme mildness of the cases among these recruits [at Galveston, Texas] cannot escape attention; there were among them, in all, sixty-three cases and but nine deaths. This happy result, which is attributed, by the medical officers at Galveston, to the use of tannin in large doses, was observed also at Hempstead, where reliance appears to have been placed on camphor and opium pills; and at Onion Creek, where calomel was employed in large doses."

The report on yellow fever is quite as interesting as the preceding. The official reports are numerous and full, and the tabular statements even more complete. Dr. Woodward says, in his synopsis:—

"The reports indicate clearly two foreign sources from which the disease was imported into the United States last year—Vera Cruz, Mexico; and Havana, Cuba. From Mexico it was brought to Indianola, and thence to other points in Texas. At all other stations it seems to have been brought directly or indirectly from Havana; and it is worthy of remark that the cases here indicated as of Mexican origin were more fatal than those of Cuban origin, two out of every five cases of the former dying, while the mortality of the latter was but two out of seven. * * * The fever was first introduced at New Orleans from Havana."

The disease spread from the gulf ports to various points inland, and Dr. Woodward says:—

"The more thoroughly the facts connected with the spread of yellow fever in the army during 1867 are known, the more strongly they appear to favor the theory of the exotic origin of epidemic yellow fever in the United States."

For the details of the epidemic, more especially the manner of its origin, its spread and its decline in New Orleans and other considerable cities, where the strictly military aspect is departed from and the history becomes general and complete, the reader is referred directly to the full and very interesting letters contained in the Report.

It may be stated here that the evidence in favor of the transmissibility or portability of the cause of the disease is much more direct and satisfactory than in the case of cholera, and that the relative values of hygiene and quarantine are reversed in the two cases. Prophylaxis by the administration of white mustard seed was attempted at Brenham, Texas, and with apparent result, for the troops, though encamped in the midst of an infected people, almost wholly escaped. However, no other trials of the article are on record in this report.

Very careful nursing was the *sine qua non* in treatment in this epidemic. Nourishing enemata were safer than ingesta by the mouth, on account of the inefficient and irritable condition of the stomach. A cathartic (calomel, castor oil or both) was frequently administered at the outset, and this was in many cases followed by repeated doses of quinine. The early production of diaphoresis was considered important. Stomachic sedatives were administered, and saline diuretics were generally given to combat the occasional and serious complication of suppression of urine. Food of any kind in large quantity and stimulants were generally avoided until the establishment of convalescence.

Medical officers exhibited praiseworthy devotion to their arduous duties, and not infrequently fell victims to the prevailing disease, of which ten died and twenty-one recovered.

"A numerical summary" of the facts, in the language of Dr. Woodward, shows that there were 1,349 cases and 423 deaths of white, 171 cases and 25 deaths of colored troops, including the cases in June; the mortality being 317 deaths per thousand cases, or one death to every 3.15 cases for the white; 146 deaths per thousand cases, or one death to every 6.84 cases for the

colored troops. The mortality for the whole number, including both white and colored, was 298 per thousand, or one death to 3.36 cases.

"It will be observed, on comparing the ratios above given, that the number of cases and the ratio of deaths to cases among the colored troops is considerably smaller than among the white. Since, however, the whole number of colored troops exposed was much smaller than that of the white, the comparison will be most fairly made if we take the figures for New Orleans, where white and colored appear to have been exposed. Here it will be clearly seen that the proportion of cases and deaths to strength, and also of deaths to cases, is much greater among the white troops. Of these there were 866 cases and 256 deaths per thousand average mean strength for the six months [from June to December], while of the colored troops, for the same time, the ratio was but 521 cases and 73 deaths per thousand of strength. The relation between cases and deaths was as follows:—For white troops, 296 deaths per thousand cases, or one death to every 3.38 cases; for colored troops, 141 deaths per thousand cases, or one death to every 7 cases."

C. W. S.

Hospital Reports.

Three Cases occurring in Service of Dr. THAYER. Reported by N. P. QUINT, House-surgeon.

CASE I.—*Puncture of Bladder through Rectum; Recovery.*—W. G., painter, aged 29, entered hospital August 25th, with following history. Seven years ago he was troubled for a month with chordee which attended every erection, and which was unaccompanied by any running, but was attributed by his physician to extraordinary efforts just after patient's marriage. States that he has never had any venereal disease. Since date mentioned, has passed his urine in a small stream, often twisted and forked, so that it requires five or ten minutes for him to completely empty bladder. Has at times been troubled with frequent micturition. Has had two attacks of retention previous to present one, which were relieved, one by spir. atheris nit., and other by use of catheter. Present attack has continued for eighteen hours, and can be ascribed to no particular exciting cause. Previous to entrance to hospital patient states that repeated attempts were made

by physicians to introduce catheter; so that urethra became exceedingly tender and irritable, and further efforts were desisted from. Bladder appeared as a large oblong tumor, of perfect outline, and extending up nearly to umbilicus. Warm bath and laudanum injections were employed soon after patient reached hospital, but without avail.

Operation.—Etherized. Urethra was explored by a capillary bougie, which it was impossible to pass into bladder. Catheters of various sizes were employed, and with these a false passage was discovered. It was finally decided to puncture bladder through the rectum, which was accordingly done, and about 3xx. urine evacuated. Bladder seemed to be removed some distance from perineum, so that most of the canula passed within rectum, and flange pressed up quite close to the anus. It was secured in position by means of tapes, and patient put to bed. Warm fomentations over hypogastrium were ordered. Evening.—Patient very comfortable, requiring no opiates. On next day there was some tenderness over bladder. Urine flowed freely through canula. On second day, after operation, patient was found to pass urine per urethram, and canula was accordingly removed. On introducing a bougie, a stricture of urethra at membranous portion, with false passages, was discovered. Patient was now able to pass his urine in as large a stream as ever, but was retained in hospital in consequence of an attack of vomiting and diarrhoea, which soon subsided. On seventh day after the operation he was discharged from the hospital well.

CASE II.—*Internal Hemorrhoids; Application of Nitric Acid; Recovery.*—J. S., set. 52, shoemaker, states that he has been troubled with piles for seven years, and of late has had frequent attacks of hæmorrhage. During the past few days these have taken place after every defecation, so that he enters hospital in an extremely anemic condition. A dose of ol. ricini was given, and afterwards an enema was administered. On next day patient was etherized, and interior of rectum was exposed by means of an anal speculum. The mucous membrane was found to be raised in ridges and somewhat hypertrophied. Nitric acid was freely applied. Considerable hæmorrhage followed its use. Two hours afterwards patient had recovered from effects of the ether, but was in a state of great prostration, with severe shivering. Brandy, with heaters and blankets, served to rouse his feeble circulation. In the evening, he complained but little of pain. On following day, pa-

tient was ordered ferri mur. tinc. gtts. xl. ter die. Also a bottle of ale. Two days after the operation patient had a defecation, and evacuated about $\frac{3}{4}$ blood. From this date onward he had a natural action of the bowels every other day, unattended by hæmorrhage or much pain. Ferri mur. tinct. was well borne by patient, and dose was increased to gtts. l. ter die. During treatment, patient required no opiates. He was advised to go into the country, to continue with ferri mur. tinc., and was accordingly discharged from hospital much improved. Two weeks subsequently he was seen, when he appeared much less anemic, and stated that he was entirely free of all his old symptoms.

CASE III.—*Ulceration of Rectum and External Hæmorrhoids; Application of Nit. Ac.; Recovery.*—L. S., æt. 44, housekeeper, enters hospital with following history:—Four weeks before coming to the hospital had a hæmorrhage from rectum after defecation, followed in a few days by pain and burning within the anus. Has had two attacks of bleeding since, of what extent cannot be ascertained. States that she has never had any symptoms of disease in this region previous to time referred to. Two days after coming to hospital patient was etherized, and on examination two flabby external piles were discovered. Within the anus an ulceration, one half inch in diameter, existed on posterior aspect of rectum. To this nitric acid was freely applied. The larger of the two piles was then snipped off with scissors. Considerable hæmorrhage ensued, which was restrained with ice. Evening.—Not much pain. Ice bag to anus. On the following day, there was present a burning sensation in the rectum. The wound made by the removal of the pile appears to have become obliterated. Bowels soon became open daily, and defecation was unattended by pain. Occasionally a very little blood would be passed with the feces. Patient continued to improve, and her recovery was only postponed a few days by an attack of diarrhoea, which soon yielded to proper treatment. On the nineteenth day after operation patient was discharged from hospital well.

THE MANAGEMENT OF PHTHISIS.—A writer in the *British Med. Journal* says, that the method of treating phthisis by cod-liver oil and ether is well spoken of in Vienna; and he has seen several patients who are gaining weight rapidly under it, and notably one who has gained seven pounds in twenty-three days.—*N. Y. Medical Record.*

Vol. IV.—Nos. 15-16a

Medical and Surgical Journal.

BOSTON: THURSDAY, OCTOBER 28, 1869.

TRANSLATIONS FROM THE ARCHIVES DE PHYSIOLOGIE.

THE following case, contributed to the *Archives de Physiologie*, &c. (of Prof. Brown-Séquard and others), by Dr. Charrier, we translate as being interesting physiologically, as well as in point of diagnosis. It contrasts well with cases where certain portions of the brain have shown great tolerance of extensive hæmorrhagic or traumatic lesion.

Hæmorrhage into the Medulla Oblongata; Sudden Death the Twelfth Day after Delivery; Autopsy.—P. entered the clinical lying-in ward, with slight indications of commencing labor, the second of April, 1857. I saw her at the evening visit, and made the following notes. She is a seamstress, aged 25, and in her second pregnancy. Her first confinement was quite favorable. Her child is living and is three years old. She has never been ill, except for nervous attacks and headaches, during the present pregnancy. Her mother is also very nervous, and has frequent headaches. Her father has had two attacks of rheumatism, and is living at the age of 65.

On digital examination, the vertex was found presenting in the first position, the child being very active. Labor terminated naturally on April 3d, at twenty minutes past ten in the morning. At five o'clock in the evening of the same day, there was an attack of eclampsia, entirely without warning, and while a large clot was being expelled. The attack lasted one minute and twenty-five seconds—the coma and stertor from three to four minutes. The urine was slightly albuminous. She recovered consciousness. No treatment. Seeing her again at 9½, P.M., I found that she had not had any fresh attack, and that she was sleeping quietly. During the next two days her health was perfect; the milk made its appearance without fever, and the infant took the breast. The patient got up the tenth day. On the twelfth day, at the evening visit, she answered my questions natu-

rally, and appeared bright and cheerful. All of a sudden, however, she uttered a cry, fell back upon her pillow, and was dead without any convulsive movement. Her death came like a thunderbolt.

In presence of a death so rapid—so instantaneous—I diagnosticated either hæmorrhage of the superior portion of the medulla oblongata behind the corpora olivaria, and between the corpora testiformia, on a line with the decussation of the pyramids—that is, at the spot which is considered the vital centre (*nœud*); or else cerebral hæmorrhage spread out in a layer of considerable extent beneath the meninges and on the surface of the hemispheres. But, death had taken place before my eyes with such suddenness that I am inclined to the former supposition.

In rupture of the heart, or in case of aneurism, death is not so lightning-like—so to speak. The agony lasts as much as two or three minutes, and epigastric distress arising from dyspnoea is manifested. It was my opinion, then, that the cause of the fatal event had its seat in the encephalon near its union with the spinal marrow. I had seen experiments on chickens, in which they were killed by a small and very sharp knife thrust into the base of the cranium, and their death was instantaneous, without convulsion. I inclined, therefore, to the inference of a similar lesion in the case of my patient. An autopsy was made, and showed the correctness of my deductions.

Autopsy.—The head was opened, and the entire medulla oblongata exposed, when no lesion appeared. But, the medulla oblongata being cut into, and its middle and anterior furrows separated with the handle of the scalpel, a clot was found 44 millimetres long, 8 millimetres broad, and 5 millimetres thick in its antero-posterior diameter. All the other organs were sound. Nothing in the lateral ventricles; nothing in the *septum lucidum*; nothing in the meninges; both white substance and gray normal. The thoracic and abdominal viscera presented no abnormality. The clot, of the color of currant-jelly, began at the upper part of the corpora olivaria and descended for a distance of 44 millimetres into what M.

Foville calls the central canal of the medulla oblongata, and stopped at the decussation of the pyramids. The blood probably proceeded from a small medullary artery. On washing the specimen in water, there was seen a slender prolongation of the clot, which buried itself in the left anterior pyramid.

Cause of the Ecchymosis of the Pericranium in Apoplexy.—We obtain also from the *Archives de Physiologie* the introductory portion of an article by M. Lepine on the subject of the above caption.

The numerous ecchymoses which are often observed in the loose cellular tissue of the pericranium, in the temporal muscle, and even on the inner surface of the integuments of the head and neck, in persons who have died from a recent attack of sanguineous apoplexy, have till latterly been considered as a phenomenon of the same order with the cerebral hæmorrhage itself. The latter being generally explained by an active fluxion toward the head, it was an accepted view that the production of these ecchymoses was due to the same cause. They were even expressly appealed to as "attesting the energy with which the blood is determined toward the head." (Article *Apoplexie, du Compendium*, i. p. 242.) But the discovery of the part played by military aneurisms naturally led M.M. Charcot and Bouchard to place a lower value on "the fluxion" than is generally attributed to it. In the presence of a vascular change so palpable, it was legitimate to resist a hypothesis that was without proof.

The production of the ecchymoses was then up for explanation; and M. Charcot was induced by the examination of the cases which came under his observation to assign the lesion an origin quite different from the fluxion. M. Charcot remarked that they had a definite situation; that they were always, or for the most part, on the side opposite to that of the apoplectic effusion; also that generally the diffused redness which accompanies them, is confined to the side on which they exist; that the median line precisely limits their extent to one side of the head. This line of demarcation suggested a nervous influence, and in his lectures M. Charcot spoke of the congestion

and the ecchymoses as the result of vasomotor paralysis, the existence of which, so manifest in hemiplegic limbs, could not be contested in the cranial region. At the time M. Charcot made a communication on the subject to the *Société de Biologie*, M. Vulpian supported this last proposition, reporting the results of an autopsy, in which he found the pituitary membrane of the side opposite to that of the affected hemisphere red and much congested, while the nasal fossa on the same side with the cerebral effusion was perfectly healthy. More recently (December 12th, 1868) M. Charcot communicated to the *Société de Biologie* the very conclusive results of an autopsy of a woman who had died a few days after an attack of apoplexy attended with *hemiplegia of the left side*. The epicranial aponeurosis on the *left* side presented a vinous red color, and in a few points veritable ecchymoses. The coloration stopped *abruptly* at the median line. The left half of the epicranium preserved its normal white color; on the same side there was a hemorrhagic effusion. Notwithstanding this clearly marked localization of the lesion, and however peremptorily it declared itself in favor of M. Charcot's theory, it was yet open to the objection that acute *ramollissement*, even in those forms which by their intensity and suddenness of attack come the nearest to sanguineous apoplexy, does not *appear* to be attended with the production of these ecchymoses. This objection is but specious. The following case, which M. Charcot and myself have just now observed, and which was carefully investigated, suffices to refute it.

The case is summed up as follows:—Several attacks of acute articular rheumatism—affection of the mitral valve—embolus in the right "sylvian" artery—cerebral ramollissement (hemiplegia on the left; infarctus of the kidneys). Clot in the left auricle—embolus in the left "sylvian" artery. Attack of epileptiform convulsions (hemiplegia on the right), death in a few hours. Ecchymoses of the pericranium on the right side. The case is then given in detail, and the inference drawn of vasomotor paralysis as the chief cause of the epicranial ecchymoses.

CHOLERA.—A history of cholera from remote antiquity down to its invasion of France in 1832, is developing in successive numbers of the *Gazette Hebdomadaire*. The etymology of the word, which is adopted by the author from among many hypotheses of the origin of the name, is the very obvious one given by Celsus, who is said to have first written upon this point. Celsus derives the term cholera from the Greek word *chole*, *bile*, and *roais* or *ruas*, *flux*.

From a citation of various passages of Hippocrates the medical historian concludes that cholera was of frequent occurrence in the time of the Father of Medicine, but presented itself only in the sporadic form. Hippocrates, he says, never attributes the disease to miasmata; but always refers it to imprudences, to excesses in eating and drinking, or to ill chosen medication. It must also be borne in mind, he adds, that under the term cholera, Hippocrates comprehended several affections of different and even opposite character. Thus his description of dry cholera contained only symptoms referable to indigestion or to the expulsion of biliary calculi. On the one hand the account of Eutichides is an instance of cholera with cramps in the legs and with suppression of urine; that of Bias, the pugilist, on the other hand, represents an indigestion.

The result of all his researches leads Dr. Scoutetten to conclude that cholera has been known and mentioned from remote antiquity, but was in ancient times confounded with other affections now distinguished from it. He thinks it very probable that the same climate and habitual neglect of hygiene which at present prevail in India produced great ravages there from the disease in former ages; but finds no proof that this scourge, leaving in ancient times its primitive dwelling place, traversed vast regions of the inhabited world, to spread death and desolation in all directions.

THE following passages in the noble Inaugural Address of President Eliot at Harvard University attract our special attention.

The statement is undoubtedly true which

was uttered by Dr. Jacob Bigelow, that general scholarship, as the expression was understood and as that form of culture was attained fifty years ago, is now impossible; because the scope of each branch of knowledge has been so enlarged, and because so many new fields of research have been opened. Yet this statement is a good foundation stone for the additional block which President Eliot has hewn out for us to lay upon it, in the extract we now make.

"The actual problem to be solved is not what to teach, but how to teach. The revolutions accomplished in other fields of labor have a lesson for teachers. New England could not cut her hay with scythes, nor the West her wheat with sickles. When millions are to be fed where formerly there were but scores, the single fish-line must be replaced by seines and trawls, the human shoulders by steam elevators, and the wooden-axled ox-cart on a corduroy road by the smooth-running freight train. In education there is a great hungry multitude to be fed. The great well at Orvieto, up whose spiral paths files of donkeys painfully brought the sweet water in kegs, was an admirable construction in its day; but now we tap Fresh Pond in our chambers. The Orvieto might well remind some persons of educational methods not yet extinct. With good methods we may confidently hope to give young men of twenty or twenty-five an accurate general knowledge of all the main subjects of human interest, besides a minute and thorough knowledge of the one subject which each may select, as his principal occupation in life. To think this impossible is to despair of mankind; for unless a general acquaintance with many branches of knowledge, good as far as it goes, be attainable by great numbers of men, there can be no such thing as an intelligent public opinion; and in the modern world the intelligence of public opinion is the one condition of social progress."

In former days general scholarship meant, we take it, a tolerably thorough acquaintance with the various departments of literature and science of the time. That this is possible as applicable to the present period, we presume is not claimed. But that a university education may be given which shall train men to grasp the principal accepted results of those who study in special directions, and to get some insight

into the various methods of attaining those results, is quite conceivable. For example, a sound medical education now enables one to master many of the results of chemistry, of microscopy, of ophthalmology, while the same individual, unless he were a prodigy, would hardly be capable of penetrating with the microscope the minute wonders of the animal and vegetable kingdom, of manipulating abstruse chemical analysis and synthesis, of following Donders and others into the details of ophthalmology, and at the same time of exploring all the recesses of physiology, pathology and the other sciences tributary to medicine.

The following passage falls in with our views as expressed some little time since:

"The examination [for admission to College] is conducted by college professors and tutors who have never had any relations whatever with those examined. It would be a great gain, if all subsequent college examinations could be as impartially conducted by competent examiners brought from without the college and paid for their services. When the teacher examines his class, there is no effective examination of the teacher. If the examinations for the scientific, theological, medical and dental degrees were conducted by independent boards of examiners, appointed by professional bodies of dignity and influence, the significance of these degrees would be greatly enhanced. The same might be said of the degree of Bachelor of Laws, were it not that this degree is, at present, earned by attendance alone, and not by attendance and examination."

We make one more brief extract:—

"The Medical Faculty affords another illustration of the same principle—that for real University progress we must look principally to the teaching bodies. The Medical School to-day is almost three times as strong as it was fifteen years ago. Its teaching power is greatly increased, and its methods have been much improved. The gain is the work of the Faculty of the School."

SINCE writing an article alluding to the importance of restraining the insane from going at large—published in our issue for October 14—a copy of the *American Law Review* has been placed in our hands, having for its leading article a paper on "The Confinement of the Insane." The mono-

graph is, we understand, from the pen of a high authority. The causes assigned in it for the popular prejudice that some persons are too easily liable to be sent to hospitals by interested parties, are those which we ventured to suggest:—viz., the complaints of lunatics and the sensational stories of book-wrights. We make the following extracts:—

In January, 1845, Josiah Oakes was brought before the Supreme Judicial Court of Massachusetts, on a writ of *habeas corpus*; the object of which was to procure his discharge from the McLean Asylum for the Insane, to which he had been committed by his family, on the 16th of the previous month. Chief Justice Shaw, in delivering the opinion of the whole court, replied to the allegation of counsel that the constitution makes it imperative upon the court to discharge any person detained against his will; and that by the common law, no person can be restrained of his liberty, except by the judgment of his peers, or the law of the land. "We think," said he, "there is no provision, either of the common law or the constitution which makes it the duty of the court to discharge every person, whether sane or insane, who is kept in confinement against his will. The provision, if it be true, must be general and absolute, and not governed by any questions of expediency to suit the emergencies of any particular case. The right to restrain an insane person of his liberty is found in that great law of humanity which makes it necessary to confine those whose going at large would be dangerous to themselves or others. * * * The necessity which creates the law, creates the limitation of the law. * * * If there is no right to exercise that restraint for a fortnight, there is no right to exercise it for an hour. And if a man may be restrained in his own house, he may be restrained in a suitable asylum, under the same limitations and rules. * * * The provisions of the constitution, in relation to this subject, must be taken with such limitations, and must bear such construction, as arise out of the circumstances of the case. Besides, it is a principle of law that an insane person has no will of his own. In that case, it becomes the duty of others to provide for his safety and their own. * * * The question must then arise, in each particular case, whether a person's own safety, or that of others, requires that he should be restrained for a certain time, and whether restraint is necessary for his restoration, or will be con-

ducive thereto. The restraint can continue as long as the necessity continues. This is the limitation, and the proper limitation." The court being satisfied that Oakes was insane when admitted into the asylum, and that he had not yet fully recovered, refused to discharge him, adding, that "the restraint should last as long as is necessary for the safety of himself and of others, and until he experiences relief from the present disease of his mind." 8 Law Rep. 122.

* * * * Undoubtedly there is a patient, now and then, whose convalescence would be as speedily conducted to the last stage of recovery at home as in a hospital; but it is difficult to distinguish them from the much larger portion who would be grievously injured by the change. Friends often solicit it, and no duty incumbent on the physician is more embarrassing, more requiring a readier discernment of the countless phases of mental disorder, more practical sagacity in penetrating beneath the surface, than to meet their wishes judiciously. In most instances where the step is taken against his advice, the experiment fails, and a protracted continuance of the disease, if not an utterly incurable condition, is the result. And the cause will be obvious on a little reflection. The period of convalescence is precisely that of all other stages when the peculiar management of the hospital is needed to complete this process surely and safely. The patient's reason has returned; he sees things and persons in their true aspect; he feels that buoyancy of spirit which usually accompanies returning health; he becomes impatient of confinement because he cannot see its necessity; his friends yield to his importunities, and he becomes again the master of his own movements. With a brain still weak and irritable, wanting that firmness which only time and rest can give, he resumes at once his ordinary habits and pursuits, turning a deaf ear to all advice, soon uses up all his little power of endurance, loses all self-control, and again passes under the cloud. Had he continued a few weeks longer under the gentle restraints of the hospital, and its carefully measured indulgences, the requisite degree of nervous hardihood would have been acquired, and he would have been prepared to encounter successfully the trials of unrestricted freedom. * * *

In the "project of a law for regulating the legal relations of the Insane," which was unanimously sanctioned by the "Association of Medical Superintendents of North American Hospitals for the Insane,"

we find the following section:—"Insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives or friends in case they have no guardians, but never without the certificate of one or more reputable physicians, after a personal examination made within one week of the date thereof; and this certificate to be duly acknowledged before some magistrate or judicial officer who shall certify to the genuineness of the signature, and of the respectability of the signer."

Under such a provision the insane may be promptly, quietly, and, with a few possible exceptions, rightfully, placed by their friends in some hospital for the insane. For the possible exceptions, we would have a provision applicable to them alone, and not, at the same time, subjecting all the rest to positive discomfort and injury. If the writ of *habeas corpus* should not be supposed to furnish sufficient relief, a commission might be appointed especially for this purpose. In the "project of a law" just mentioned, we find the following provision:—"On a written statement being addressed by some respectable person to some high judicial officer, that a certain person then confined in a hospital for the insane is not insane, and is thus unjustly deprived of his liberty, the judge, at his discretion, shall appoint a commission of not less than three nor more than four persons, one of whom, at least, shall be a physician, and another a lawyer, who shall hear such evidence as may be offered touching the merits of the case, and, without summoning the party to meet them, shall have a personal interview with him, so managed as to prevent him, if possible, from suspecting its objects. They shall report their proceedings to the judge, and if, in their opinion, the party is not insane, the judge shall issue an order for his discharge." True, this only abbreviates the wrong: it does not prevent it altogether. But when we consider how small it is, compared with the good which is accomplished, may we not fairly regard it as one of the unavoidable results of that imperfection which is incident to all human arrangements, and which we witness every day of our lives, even in this very matter of wrongful imprisonment? Men are arrested, kept in durance, charged with a criminal offence, and yet found on trial to be innocent of the charge—the victims, perhaps, of conspiracy or perjury. This is no rare, extraordinary thing—one case in ten thousand—kindling the wrath of every newspaper-writer in the land, and calling for special and summary legislation; but an every-day occurrence,

exciting as little feeling as the most common operations of nature. We are told very calmly that such wrongs are a part of the price we pay for public order and good government.

Justice to all parties requires some such legislation as we have proposed. That it would prevent all popular clamor, now so loud and wrathful, we do not believe. That will continue as long as the wrongful imprisonment of sane persons is capable of adding to the interest of a novel, or as long as the stories of the insane are received by credulous people as unqualified truths.

"TOMATO WORM." *Mr. Editor*,—I copy the following from the *American Entomologist*, Vol. I. No. 2:—

"* * * "Many persons are afraid to handle this worm, from an absurd idea that it has the power of stinging with the horn on its tail. We have handled hundreds of them with perfect impunity, and for the small sum of one cent will undertake to insure the whole population of the United States against being stung by this insect, either with the conspicuous horn on its tail, or with any hidden weapon it may have about its person."

The specimen in the possession of Dr. Fuller is not an unusually large one. I have picked them from my tomato vines, with my bare hands, every morning this summer, and have neither been stung nor "spit" upon by them, although they were handled in a sufficiently rough manner to warrant it did they possess the ability.

ANOS SAWYER, M.D.

Hillsboro', Ill., Oct. 10, 1869.

THE following remarks are extracted from an address delivered by Dr. Isaac Ray, of Philadelphia, on the occasion of laying the corner-stone of the State Hospital for the Insane at Danville, Pa.:—

In justice to the hospitals, let me say in this connection, that, in their turn, they have repaid their debt to society, by diffusing benefits besides those immediately connected with the care of the insane. We have been so impressed by the immediate effects of this benevolent enterprise, that the good which has come from it indirectly has been in danger of being wholly overlooked. To have restored the light of reason to thousands, and made comparatively comfortable tens of thousands, is, certainly, a noble work; but let us not be insensible to the light it has thrown upon the dark places of

mental philosophy, and of civil and criminal jurisprudence; upon the temperament and habits of men, and the course of human conduct. It will hardly be disputed that, without a correct philosophy of the mind, we shall strive in vain to master the great questions of moral and political science that deeply involve the happiness of men. Neither will it be disputed by many, I apprehend, that the actual, available knowledge contained in the writings of all the metaphysicians from Plato down to Dugald Stewart, is marvellously small, when compared with the mass of words in which it is conveyed. To the student familiar with the exacter methods of modern investigation, the reason is obvious. The properties of organic matter, the nature of its functions, and the laws which regulate its action, cannot be thoroughly understood without observing it when under the influence of disease. This separates and analyzes what seemed to be inseparable, and associates by a common bond things supposed to have no necessary connection. It shows us as nothing else can the true limits and distinctions between one power and another, and gives us the clue to the secret of their harmonious action. The brain, though not the mind, is the organ of the mind, the material instrument whereby its operations are conducted, and it is only by the study of its organic conditions, both in health and disease, that we can expect to obtain any insight into the processes that result from the mysterious union of mind and body. To learn how we think, and how we feel, to understand, in any degree, the wondrous mechanism by which the mental manifestations are accomplished, we must study its morbid aberrations from the line of healthy action, as exhibited in the wards of the hospital. There, in the ravings of the excited maniac, in the gross delusions of the monomaniac, in the mischief and malice of the morally insane, in the gloom and despair of the melancholic, in the dual life of the subject of circular insanity, we have the materials, in part, wherewith to construct a true psychology. Any mental philosophy in which this source of information is ignored must needs be imperfect; but this fact could not be perceived by the metaphysicians, with whom it was a cardinal principle, that, for the successful study of the mental phenomena, one has all the necessary materials within himself. Better views on this point are beginning to prevail. "He who raises moral pathology to a science," says one of the prominent thinkers of our day, "expand-

ing, systematizing, and applying many fragmentary observations that have been already made, will probably take a place among the master intellects of mankind."* No one who has carefully followed the course of psychological inquiry during the last twenty or thirty years, can have failed to observe abundant ground for this opinion. In the writings of Spencer, Bain, Morrell, Lewes, and others, hardly excepting Comte, we may easily trace the influence exerted by that study of morbid psychology, which has been stimulated by the abundant opportunities of observation afforded by the numerous hospitals for the insane. Is it too much to say that if those writers have struck upon the true path to successful inquiry, and inspired the world with new faith in metaphysics, it must be attributed in some degree to that influence?

That the laws involving questions of insanity, and especially the common law, have reflected the same influence, is admitted by all who are conversant with the subject. It is little more than fifty years ago when the law regarded no one as really insane who was not raving. Or, if the disease was recognized in its less obtrusive forms, it was considered merely as a disturbing influence which the patient was bound to control by means of the sanity that yet remained. Insane persons were made to suffer the extreme penalty of the law, if they knew the criminal act was wrong, or illegal, or displayed design and contrivance; and especially was the idea of insanity scouted, if the act seemed to be the result of provocation, or any other rational motive. Within our own time, persons have been executed who proclaimed from the gibbet delusions as monstrous as any that may be heard within the walls of any hospital in the land; and others have been discharged from confinement, by due course of law, simply because they could utter a few coherent sentences, and maintain for a few minutes a calm and rational demeanor. Such things are seldom seen now, thanks to the better knowledge and better influences diffused by hospitals for the insane; and if they are to disappear entirely, it will be owing, in great part, no doubt, to the same agency.

Let me also say that the moral pathology to be learned in these establishments will have an important bearing on some of the prominent questions of moral and social science. If we are ever to obtain a correct theory of human conduct, to discover, in any degree,

* Lecky, W. E. K. *History of European Morals*, i. 167.

the secret springs of action, or to penetrate into the mysteries of human delinquency, it must be by the study of morbid psychology in that broad and liberal manner which is possible only amid large collections of the insane. No one who declines to receive his opinions on trust can help being embarrassed by the problems presented by many an historical name, or those revelations of character so often found on the records of our courts. We seek in vain for any light on the questions thus raised, and are obliged to rest helplessly in the conviction that there are more things in heaven and earth than are dreamt of in our philosophies. Indeed, these difficulties cannot be overcome by any theories of human conduct which suppose the mind to be in a perfectly normal condition. They point to imperfection, or deficiency, or obliquity—the result of organic influences—and they can be cleared up in no degree except by the profound study of organic conditions in connection with abnormal mental phenomena. From this kind of study we may justly expect that a light will be thrown on the field of history and biography, by which many of their pages will be read with sentiments very different from those which they now inspire. It would show us, probably, that much of what the world calls genius is the result of a morbid organic activity; that many a saint, or hero, or martyr, became such more by virtue of a peculiar temperament than of a profound sense of moral or religious obligation; that the horrible crimes which have imparted an infamous distinction to the Tiberiuses and Caligulas of history proceeded rather from cerebral disorder than a native thirst for blood.

THE CASE OF SURGEON GREEN, U.S.N.—

* * * * The facts of the case are set forth in the following communication, which we transcribe from the *Evening Post*, of the 25th of September, and which we have good authority for believing to be an unexaggerated statement:—

To the Editors of the *Evening Post*:—

In your Washington telegraphic news of the 23d, it is stated that the case of Surgeon Green, of the navy, has been passed upon by Secretary Robeson, and that the Surgeon has been suspended for two years. If this is correct, a short statement of the facts of this somewhat extraordinary case may not be out of place, that the public may know something of naval discipline

and of its requirements, or of the acts done in the name of discipline.

Surgeon Green was attached to the United States steamer *Nipsic*, which in February last was lying in the harbor of Aspinwall. A seaman on board the vessel had his head cut open with a cutlass, inflicting a wound three inches long, and to the bone: He reported to the surgeon as unable to do duty, and was thereupon put by him on the sick list, which excused him from duty. The commander of the vessel, seeing the man's name upon the list, asked the surgeon why he put it there, and told him to remove it. The surgeon replied, "You have the power, sir, to order the man to duty, but I cannot conscientiously do it, as I believe the man to be too ill." The commander then ordered him to take the man's name from the list, and the reply was "I cannot do it, sir; I do not consider it a legal order"—the surgeon thus refusing to alter his written opinion, that the man was sick, and to take the responsibility of sending him to duty in the sun of a tropical climate, with an open wound upon his head. Upon the trial, Dr. Green did not deny the disobedience, placing his defence upon the ground of the illegality of the order. He proved that the case was an unprecedented one, and that no commander had ever before arrogated to himself the right of judging of the sickness of a man. He proved by the testimony of the oldest surgeons in the navy that he would have forfeited his character as a humane man had he obeyed the order, and he introduced a precedent in the army, where General Grant had ordered that a surgeon's opinion should be respected and acted upon in a case where the surgeon claimed the right to decide as to the health of men as his peculiar prerogative. But notwithstanding this he was convicted by the court, and it would seem that Secretary Robeson upholds that conviction.

This case is to be a precedent, and its consequences may be summed up as follows:—A surgeon must hereafter sacrifice his professional knowledge, his conscience, his humanity, at the will of a commander. If he is ordered to do an act (as in the present instance) where the life of a man may be involved, at the word of command he must obey. If (as in the present instance) he sees illegal punishments inflicted at the will of a tyrannical commander, he must consent to give his official sanction to the carrying of them out, and all this in the name of discipline, but in reality to gratify the pride of a few men, who would make the command of a ship a position for the

display of more arbitrary power than is felt in a despotism.

But, as there are wheels within wheels, this decision does not cause so much surprise among those who understand the influences which have been at work in the Navy Department to effect a conviction.

Surgeon Green had the temerity to submit to the department charges against the commander of the Nipsic, so serious in their nature that they have been wholly suppressed. These charges were, that the said commander had punished men illegally, and tortured them by tricing them up by the arms; also, that he had showered hundreds of buckets of water as a punishment; also, that he had run men up and down the rigging of his ship until they were unable to do duty and were put on the sick list. Upon these charges, any one of which would, if proven, have procured the dismissal of the accused from the navy of any nation, Secretary Wells ordered a court of inquiry, but as the order was issued just at the close of his term of office, Secretary Borie or Admiral Porter suppressed it, and it is now, or was, a month since, pigeonholed in the department.

These abuses of humanity and justice can only be rectified by public sentiment, acting through the public press, and through Congress; and distinguished senators and members have promised that in the coming session they will give their attention to the subject. JUSTICE.

It is true that the Secretary of the Navy has virtually remitted the penalty imposed; but the sentence of the court remains as a burning disgrace to a service wherein if one man be found capable of sacrificing an unoffending life to a paltry spite or clique, a decision can be procured endorsing his action, and visiting punishment instead of praise upon the medical officer who fulfilled a sacred duty in endeavoring to protect the life committed to his charge. * * * *

New York Medical Gazette.

HÆMORRHAGIC MALARIAL FEVER.—We make a few short extracts from an article in the *New Orleans Journal of Medicine* on this subject, by R. F. MICHEL, M.D., of Montgomery, Alabama.

SYN. *Hæmorrhagic Malarial Fever* [Michel]. *Black Jaundice* [Ghent]. *Cachemia* [Osborn]. *Cachemia Hæmorrhagica* [Owens]. *Icteroide Pernicious Fever* [McDaniel]. *Malignant Congestive Fever* [Osborn]. *Purpuraemia* [Riggs]. *Yellow Remittent* [Sholl].

Yellow Disease. Cane-brake Yellow Fever. New Disease.

Definition.—A malignant malarial fever following repeated attacks of intermittent, characterized by intense nausea and vomiting, very rapid and complete jaundiced condition of surface as well as most of the internal organs of the body, an impacted gall-bladder and hæmorrhage from the kidneys. These phenomena present themselves in an almost uninterrupted link, attended by remissions and exacerbations. It is a fever peculiar to the Southern part of the United States. * * * *

Dr. Sholl says:—"This is eminently a grave disease. Of twelve cases I have seen in consultation and my own practice, six, or fifty per cent., have been fatal. * * * *

The most common mode of death in hæmorrhagic malarial fever, is by a gradual exhaustion and wearing out of the powers of life; most of the cases on record terminated in this way. But sometimes you will observe uremic poisoning, and in these cases the mode of death is either by profound stupor on the one hand, or uremic intoxication with delirium, coma and convulsions on the other. * * * *

At an autopsy of a case of the disease, the intestines were normal, and the pancreas its usual length, about six inches, and brightly yellow, especially its angular lobules.

The spleen (naturally five inches in length, four inches in breadth, one and a half inch in thickness, and weighing seven ounces), was almost three times its normal size, and instead of being friable, as we usually find it, it was of a firm and solid consistency, occupying not only its usual resting place, but encroaching upon the lumbar region, and taking up about half this space. *The weight of the spleen was nineteen and a half ounces.*

The kidneys were much larger than usual, the normal weight of a healthy kidney being four and a half to six ounces, while this kidney weighed ten and a half ounces, which is almost double the normal weight. The kidneys presented an appearance which was most peculiar. The dense fibro-areolar tissue surrounding the kidney could be easily peeled off, leaving the organ smooth and of a pale-reddish color, demonstrating the fact that the organ had passed through no severe inflammatory action. A transverse section revealed the cortical and medullary substance of a dark-green color. *This organ appeared to have been well soaked in alcohol, until it had become hardened, and then painted a bottle-green color.* The supra

renal capsules were of their usual yellow color, and these appendages to the kidneys were perfectly normal. * * * *

PERSISTENT PRIAPISM.—From a report of a case by Dr. B. S. Hargis, of Pensacola, Fa., we extract the following:—

Symptoms and condition of the organ.—Countenance haggard and expressive of anxiety—general demeanor indicative of much suffering and alarm. Intense pain referred to the virile member; sense of weight or heaviness about the *anus* and *perineum*. On inspection, the organ presented an intense rigidity and hardness, and stood at an obtuse angle with respect to the abdomen. The *glans*, *corpora cavernosa*, *corpus spongiosum*, in a word, all the parts of the member were involved—agony increased on slight pressure; temperature apparently natural. No enlargement or signs of disease referable to the *body* of the prostate; bladder nearly empty, no vesical irritation had ever been complained of; no rectal *entozoa*; other functions normal.

Treatment, May 10th, 10 A.M.—Potass. bromidi grs. xv., in solution, every two hours. Four P.M., pain relieved, organ flaccid, but sore. Continue the solution in doses of grs. v. every four hours.

May 11th, 9 A.M.—Has slept well during the night; no pain, but a little soreness; urinates well; appetite good, with buoyant spirits; returns to the duties of his vocation.

July 15.—Has another attack immediately after sexual congress with his consort; applies at the pharmacy for same prescription, and not being able to obtain it in consequence of my absence, procures an *anaphrodisiac* mixture from one of the employees of the establishment, and after taking it faithfully for fourteen hours without relief, advises me of his condition and gets the following:—R—Potass. bromid., $\mathfrak{z}\text{ij}$; aq. pur., $\mathfrak{z}\text{iv}$. M. S. Take a wine-glassful every hour in some water.

July 16th.—Saw the patient this morning; he was perfectly relieved. Said two doses were sufficient. I advised a continuance of the bromide in small doses (five grains) three times a day, and enjoined upon him the observance of a restraint on his passions, and urged that it would be better to banish all libidinous thoughts from his mind, if possible, for a time. Nearly nine months have elapsed since, and the patient has continued in good health, and enjoys his connubial felicities as formerly, but not quite, he says, so free of restraint. —N. O. Journal of Medicine.

HOW FAR CAN FLUIDS, INJECTED PER RECTUM, PASS INTO THE INTESTINES?—Dr. D. von Trauteneimer investigates this question. He employed a solution of ferro-cyanide of potash; after injecting this, he opened the intestinal canal and applied a solution of chloride of iron to the mucous membrane, so as to form Prussian blue wherever the ferro-cyanide was present. He employed an injection apparatus which allowed accurate control of the quantity injected; with either an ordinary anal pipe, or a tube of fifty centimetres in length. The introduction of the latter is not without its difficulties; the lower part of the intestines must be free from collections of faeces, from strictures, and from deformities; the tube must then be bent, like a catheter, with the aid of a wire stilet, to fit the concavity of the sacrum, so as especially to avoid the promontory. In order that the stilet may not escape at the end, and wound the intestine, it is fastened to the tube at its external end with a clamp. When the tube has been introduced about nine or ten inches above the anus, it is seized spasmodically by the so-called "third sphincter." No force must now be used, the spasm will presently relax of itself; the greatest patience and prudence must be observed. This is the point of chief difficulty, but the introduction of the long tube is the only way to make the fluid pass beyond it. The author's experiments on dead bodies, on one woman who was dying, and on animals, have proved that an elastic tube used with proper caution will allow fluids to be injected up to the junction of the large and small intestines. This result encouraged the author to apply remedies directly to the mucous membrane of the large intestine in diseased conditions. In eleven cases of dysentery he injected ten to thirteen ounces of solutions, respectively containing tannin (two grains to the ounce), tannin with laudanum (10 to 20 drops to the enema), nitrate of silver ($\frac{1}{4}$ to 1 grain to the ounce). The results were extraordinarily good. Already on the second or third day—two injections having been used daily—the stools had become feculent. The author also relates a case of large collection of gas in the intestine of a patient with purpura, where the introduction of the long tube gave exit to the gas, and wonderfully relieved the sufferer.—*Deutsches Archiv f. klin. Med. der praktische Arzt*, April, and *Practitioner*.

THE AMERICAN PHARMACEUTICAL ASSOCIATION.—At the recent session of this body, a

committee appointed for the purpose submitted a printed bill to the Association, for the consideration of the members, to be presented to the Legislatures of the several States for adoption. This bill, it will be seen from the following outline, contains some remarkable features. The preamble provides that—

Whereas, The safety and welfare of the public are endangered by the sale of poisons by unqualified or ignorant persons; and *whereas*, in all civilized countries, it is found necessary to restrict this species of traffic, and to provide by law for the regulation of the delicate and responsible business of compounding and dispensing the powerful agents used in medicines; and *whereas* the adulteration and sophistication of drugs and medicines is a species of fraud, which should be prevented and suitably punished; therefore,

Be it enacted, First, that medicines and poisons be dispensed only by registered pharmacists; second, that no person can become a registered pharmacist unless a graduate in pharmacy, or a practising pharmacist or assistant.—*Medical and Surgical Reporter*.

BICHLORIDE OF METHYLENE.—We are informed that two cases have occurred during the last fortnight at the Moorfields Ophthalmic Hospital, in which the inhalation of the bichloride of methylene caused alarming symptoms. In each the symptoms consisted in sudden syncope, and in each they passed wholly and quickly off under appropriate treatment. In each the patient was a young child (in one an infant), and it is suggested that perhaps this agent may be less safe in very young subjects than in adults. The bichloride has of late been extensively used at Moorfields Hospital, its peculiarities of rapid effect and rapidity in passing off, and the seldomness with which it causes sickness, having great value in operations on the eye. The patients are rarely more than a minute under its influence before the operation may be commenced; and after its completion they usually wake up at once, and are able to walk away as soon as the bandages are adjusted. In these respects the contrast between it and chloroform is very great. It is less adapted for prolonged operations.—*British Med. Journal*.

ERUPTION OF THE SKIN CAUSED BY AN INSECT FOUND IN DAMAGED WHEAT.—In some parts of France, from the heavy rains of last year,

the wheat was damaged. The persons employed to turn it over became affected with a very troublesome eruption, which, commencing with painful itching, ended in the course of a few hours in redness and a miliary eruption, which disappeared in the course of three or four days. M. Rouyer noticed a great many small black moving points, of the same nature as those observed on the damaged wheat. Examined under the microscope, he found them to be acari. *Med. Press and Circular*.

“THE PRINCE OF DUPES.”—The distinguished mathematician, M. Chasles, has been under the humiliating necessity of confessing to the Académie des Sciences that he has exhibited an amount of gullibility which, did it rest on less indisputable testimony, would be simply incredible. As every one knows, he has for the last year or two been deluging the Academy with manuscript letters of Newton, Pascal, Galileo, and other scientific celebrities, contesting well-established claims, and rendering it necessary, had the documents been genuine, to almost rewrite the history of science. To every doubt he replied by new confirmatory letters, drawn from what seemed an inexhaustible budget, until their number amounted to hundreds, if not thousands. Those which related to Newton contained such obvious discrepancies and inaccuracies that their spuriousness has been long since established among ourselves, and whenever any of the other letters have been submitted to the critical examination of competent persons they have broken down in like manner. Not only foreign savants, but numerous members of the Academy, have loudly expressed their disbelief in their authenticity, and called on M. Chasles to declare the source whence he obtained this ever-flowing supply. This he determinately and repeatedly refused to do, and so the matter rested. The other day, however, M. Chasles came forward with all the simplicity said to characterize the true *savant*, and stated that he had been made the victim of a band of forgers, the chief of whom he had delivered over to the police. How these ingenious scoundrels practised on their dupe, and continued to ease him of what is stated to have been almost a fortune, long after his suspicions ought to have been aroused by the reclamations the letters already published had excited, the tribunals will hereafter disclose.—*Medical Times and Gazette*.

Medical Miscellany.

BOSTON DISPENSARY.—At a meeting of the Corporation of the Boston Dispensary, held on Wednesday, Oct. 14th, the following named gentlemen were elected Managers for the ensuing year:—Uriel Crocker, J. H. Wolcott, George H. Kuhn, Henry B. Rogers, William R. Lawrence, Abbott Lawrence, Thomas Wigglesworth, Samuel Johnson, Rufus Ellis, John T. Bradlee, George L. Ball, and Arthur Lincoln. *Treasurer*, Francis E. Parker.

At a subsequent meeting of the Board of Managers, held on Monday, Oct. 18th, 1869, the organization was completed by the choice of—*President*, George H. Kuhn; *Secretary*, Arthur Lincoln; *Superintendent*, Samuel A. Green; *Apothecary*, A. K. Carruthers; *Assist. do.*, John H. Abbott; *Second Assist. do.*, Dennis Graham. *Surgeons*—Francis H. Brown, Seth L. Sprague, John Homans, J. B. Treadwell. *Physicians*—Hall Curtis, J. McLean Hayward, P. A. O'Connell, Charles B. Porter, Samuel W. Langmaid, Frederic I. Knight, Francis B. Greenough, Wm. F. Munroe, Charles E. Inches, Samuel G. Webber, John C. Warren, J. Franklin Appell. *District Physicians*—No. 1. Henry Tuck; No. 2. John B. Fulton; No. 3. David H. Hayden; No. 4. Wm. H. H. Hastings; No. 5. Robert Disbrow; No. 6. Alfred L. Haskins; No. 7. David F. Lincoln; No. 8. Hugh Doherty.

"Dearborn Branch" at the Bureau of Charity. *Surgeons*—Algernon Coolidge, George G. Tarbell, Arthur H. Nichols, H. H. A. Beach, Thomas Dwight, Jr. *Physicians*—F. E. Oliver, Robert Amory, Thomas W. Fisher, Thomas Waterman.

M. NELATON has been lassoed in the *Gazette Hebdomadaire* for a singular pronouncement of his in the *Paris Figaro*! The burden of the Professor's song seems to have been to exalt Dupuytren and clinical surgery at the expense of microscopic investigation and diagnosis.

A MODEL DOCUMENT.—The following is a literal transcript of a document written by a practising physician in this city and offered as evidence in a case in the Police Court recently. If the writer's knowledge of medicine is as extended as his orthographical acquirements, the profession would do well to hunt him out:—

"I was called on to go and see Samel snapinca on the 11 september i found him in head and was brused vary bad his ribs on the left side was vary badly brused and the left lung apeers to be ingered from the bruises and there was severil bruscs on his body besides."—*Detroit Free Press*.

FOREIGN ITEMS.—On Friday, Oct. 1st, the Curators of the Edinburgh University, by a majority of four to three, elected Dr. William Rutherford Sanders to the chair of Pathology, vacant by the resignation of Dr. William Henderson.

By telegram we learn that cholera has broken out afresh among Her Majesty's 41st regiment at Subathoo. The scourge has also reappeared at Lucknow, this time among the Lanciers, who have gone out into camp. Surgeon-Major Batson has succumbed to the malady.

M. Marey, the well-known inventor of the sphymograph, and the distinguished physiologist, has been selected by the Paris Academy of Sciences to succeed Florens in the chair of Physiology in the College of France.

The *post-mortem* examination of Marshal Niel revealed the existence of four large calculi in the bladder. M. Nélaton had diagnosed the presence of many calculi during life. Two of these had been crushed by the lithotrite, but the weakness of the patient forbade the continuance of the operation.—*Dublin Medical Press and Circular*.

QUININE vs. HENS.—Dr. George Colmer had occasion to prescribe quinine for a lady. She made it with flour into pills, the quantity made up being 60 grains. The whole number of pills was swallowed by a hen. For a while after swallowing them the fowl appeared unsteady in her movements, and reeled as if somewhat intoxicated; but in a few minutes was again calling her children, and performing her natural duties as before.—*N. O. Journal of Medicine*.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9, A.M., City Hospital, Medical Clinic. 10, A.M., Surgical Lecture. 9 to 11, A.M., Boston Dispensary. 9-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.
THURSDAY, 9, A.M., Massachusetts General Hospital, Medical Clinic. 10, A.M., Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—Communications accepted:—Trial of Samuel Andrews—Bibliographical Notice of Jurisprudence of Medicine in its relation to the Law of Contracts, Tort and Evidence—Case of Threatened Abortion.

PAMPHLETS RECEIVED.—Lectures of the Hip and Shoulder-joints, and the Agents which oppose their Reduction. By Moses Gunn, A.M., M.D., Prof. of Surgery in Rush Medical College, Chicago, Ill. Second Edition. —*Est Justitia ruit Caelum.* To the Fellows of the Massachusetts Medical Society. By H. R. S.—Transactions of the Nineteenth Meeting of the Illinois State Medical Society, held in Chicago, May 18-20, 1869.

DIED.—In this city, 25th inst., Luther Parks, aged 80 years 11 months, father of the Editor of this Journal.

DEATHS IN BOSTON for the week ending October 23, 90. Males, 49—Females, 41.—Abscess, 1—accident, 3—apoplexy, 2—asthma, 1—inflammation the bowels, 1—disease of the brain, 3—bronchitis, 2—cancer, 3—cholera infantum, 4—consumption, 15—croup, 1—diarrhea, 5—dropsy, 2—dropsy of the brain, 1—drowned, 1—epidemy, 1—remittent fever, 1—scarlet fever, 2—typhoid fever, 5—gastritis, 1—hemorrhage, 1—disease of the heart, 2—infantile disease, 2—intemperance, 1—jaundice, 1—congestion of the lungs, 4—inflammation of the lungs, 4—marasmus, 1—old age, 3—paralysis, 1—premature birth, 2—puerperal disease, 1—pyæmia, 1—synovitis, 1—syphilis, 1—unknown, 8—whooping cough, 1.

Under 5 years of age, 35—between 5 and 20 years, 4—between 20 and 40 years, 20—between 40 and 60 years, 15—above 60 years, 13. Born in the United States, 62—Ireland, 26—other places, 2.